

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

03-18-2005 90384 037 ****55.00

DOCUMENT # L03000028245
 1. Entity Name
SEDANOS INSTITUTIONAL RX LLC.



Principal Place of Business 3900 79TH AVENUE SUITE 216 MIAMI, FL 33106	Mailing Address 3900 79TH AVENUE SUITE 216 MIAMI, FL 33106
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30003854



03102005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1892397	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ARAZOZA & FERNANDEZ-FRAGA, P.A.
 2100 SALZEDO STREET, SUITE 300
 CORAL GABLES, FL 33134

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

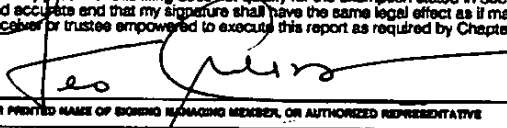
Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GUERRA, ARMANDO J 3900 NW 79TH AVENUE, SUITE 608 MIAMI, FL 33106
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CUERVO, LEO 3900 NW 79TH AVENUE, SUITE 608 MIAMI, FL 33106
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MORA, JUAN 3900 NW 79TH AVENUE, SUITE 608 MIAMI, FL 33106
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____